



February 6, 2018

To: Members of the Joint Standing Committee on Aging:
Senator Douglas McCrory, Co-Chair
Senator Kevin C. Kelly, Co-Chair
Senator Tony Hwang, Vice-Chair
Senator Edwin A. Gomes, Vice-Chair
Representative Joseph C. Serra, Co-Chair
Representative Daniel S. Rovero, Vice-Chair
Representative Gary Byron, Ranking Member
Representative John K. Hampton
Representative Kelly Juleson-Scopino
Representative Michael Winkler
Representative Mitch Bolinsky
Representative Anthony J, D' Amelio
Representative John Fusco

From: Members of the Task Force to Study Senior Centers

Re: Task Force to Study Senior Centers

In accordance with Special Act 16-7: An Act Concerning Senior Centers, we hereby submit to the joint standing committee of the General Assembly having cognizance of matters related to aging, the final report of the Task Force to Study Senior Centers. The task force hopes the Aging Committee will consider these recommendations during its deliberations in the 2018 legislative session.



Connecticut General Assembly

Report of the Senior Center Task Force

Special Act 16-7: An Act Concerning Senior Centers

Submitted:
February 6, 2018

Task Force Membership

Dianne Stone-Co-Chair

Appointed by Senate President Pro Tempore Martin Looney

Senator Douglas McCrory, Co-Chair Aging Committee

Representative Daniel Rovero, Vice Chair Aging Committee

Tina Doyle

Appointed by Speaker of the House, Joe Aresimowicz

Maureen McIntyre

Appointed by House Majority Leader Matt Ritter

Harvey Frydman

Appointed by Senate Majority Leader Bob Duff

Catherine Dinsmore

Appointed by House Republican Leader Themis Klarides

Steven Hernández

Commission on Women, Children and Seniors, Executive Director

Administrative Staff:

Connecticut Commission on
Women, Children *and* Seniors



CWCS

Overview

The following report is the culmination of the work of the Senior Center Task Force. In accordance with Special Act No. 16-7 the task force was charged with studying the following:

1. The resources and training needs of senior center personnel, municipal agents and other municipal employees to allow them to facilitate delivery of health and human services and related information
2. The most effective means to provide such resources and training
3. Current information delivery practices
4. Best practices in this state and other states for the delivery of such services and information
5. Barriers to access to information, and
6. Data on the cost of resources and staff provided by emergency medical services, municipal police departments and other entities to provide such health and human services and information in the calendar year 2015.

Task Force Work Plan

The Senior Center Task Force established a [work plan](#) to guide its deliberations. The plan included the identification of key tasks, a process to gather and analyze information and the formation of recommendations. Key tasks included:

- Defining health and human services and related information
- Identification of the core programs and services that older adults in Connecticut should expect to receive in their community.
- Identification of the current landscape and where Senior Centers/municipal aging services fit.
- Defining the expectation for effective delivery of core programs and services at a local level.
- Review current resources and training and identify gaps.
- Review best practices in other states.

The task force met 11 times between May 2017 and February 2018. The task force invited experts to present at various task force meetings to speak on areas under study. Members

of the Task Force also presented information specific to their area of expertise. Summaries of those meetings are provided in this report. The task force reviewed several plans, reports, presentations and other written material, all of which are linked to this report.

Additionally, the task force, through Senator McCrory, asked the Office of Legislative Research to study other states' legislation regarding Senior Centers.

Finally, the task force conducted a survey of Senior Centers in Connecticut. A report of the findings of this survey was prepared with the assistance of Dr. Andrea June, CCSU. (Appendix A)

Executive Summary

Senior Centers are doing incredible work in our communities across the state. They are largely self-defined and there is vast diversity in structure, capacity, purpose and programs. They are a locally driven response to supporting the needs and interests of the communities that support them and they provide a rich tapestry of programs and services in socially supporting environments that improve the wellbeing, quality of life and independence of people as they age.

There are currently 168 Senior Centers in Connecticut reaching an estimated 150,000 people. Senior Centers are largely municipal operations with a few regional and not for profit operations. There is an estimated \$45 million dollars of local funding for Senior Centers and up to 1,000 full and part time employees. Research shows that that senior center participation has demonstrated impact on the health and well-being of older adults and leads to positive behavior change. Yet, the impact and value of Senior Centers to participants, to the community and to the state is often not recognized.

Senior Centers are part of their local government and community. They are also part of the fabric of the larger 'aging services network' established by the Older Americans Act that includes the state unit on aging, the five independent Area Agencies on Aging and community based organizations. The state unit on aging has been located in the State Department of Social Services, the State Department on Aging and, currently, within the Department of Rehabilitation Services. Senior Centers participate to varying degree in member associations including the Connecticut Association of Senior Center Personnel (CASCP), Connecticut Local Administrators of Social Services (CLASS) and the Connecticut Association of Municipal Agents for Elderly (CAMAEL) as well as other national, statewide and/or regional groups. Each Center's connections, communications and engagement are different. While this is a strength, it also creates diversity in the range and quality of services, the knowledge base and training of staff and the opportunity for innovation.

The task force gathered information about the programs and services that can and are being offered, the skills and competencies that senior center professionals should have and the challenges and opportunities in addressing the needs and interests of Connecticut's population as it ages. The task force also gathered information about the resources available to Senior Centers, some known and some untapped. What is lacking is the capacity to coordinate and communicate these options, to collectively build partnerships and collaboration and to ensure that all Senior Centers, regardless of location or capacity, are connected.

There is much work to be done and it must: be highly consultative with meaningful engagement of Senior Centers; take into consideration and represent the diversity of capacity among municipal services; allow for the flexibility of local needs and; respect the autonomy of local control. It must ensure that Senior Centers/municipal aging services are prepared to meet the needs and interests of their communities, are integrated into systems change, develop competencies, foster partnerships and, bring innovative programs to scale. It must ensure and promote their position as partners of choice and key agencies in the initiatives that support aging in place in our communities.

The recommendations of this Task Force are presented as the next step, not the final step, in ensuring that our Senior Centers/municipal aging services are effective and thrive.

Recommendations

The Task Force in its deliberations and while trying to put forward meaningful recommendations, was especially mindful of Connecticut's current fiscal year deficit along with the even greater projected deficit for future years. While increasing funding for many initiatives, was discussed, it was determined that putting forward high-cost proposals was not feasible at this time. Instead, the task force's recommendations are generally low-cost ideas that could improve the ability of Connecticut municipal Senior Centers and aging services to provide effective programs and services to Connecticut's older population.

It should be noted that the task force believes municipal aging services representation should be a core part of any statewide or regional decision-making bodies that have oversight of programs and services.

After listening to presentations from many of Connecticut's experts, reviewing various plans and reports and reviewing the results of the survey of Senior Centers, the task force is prepared to make the following recommendations:

Establish a Senior Center/Municipal Aging Statute that:

1. Expands and modernizes the current Municipal Agent for Elderly statute to include Senior Centers and to more accurately reflect municipal aging services.
2. Formalizes and fully funds the role of the senior center/municipal liaison within the state unit on aging. This position should:
 - a. Establish and maintain a comprehensive inventory of Senior Centers/municipal aging services.
 - b. Establish a clearinghouse of resources for Senior Centers/municipal aging services.
 - c. Provide access to technical assistance to Senior Centers/municipal aging services through direct assistance or referral to expert resources (including peer resources).
 - d. Receive, collect and provide access to information about local, state and federal services and supports of interest to Senior Centers/municipal aging services through regular communication. Convene and facilitate a statewide Senior Center Working Group as described below.

3. Establishes a permanent statewide Senior Center Working Group to ensure a coordinated plan of development for Senior Centers/municipal aging services. Such working group should:
 - a. Be staffed by the State Unit on Aging.
 - b. Be comprised of representatives from each of the statewide associations representing municipal aging services; representatives from municipal aging services from each of the 5 regions established by the State Unit on Aging and other senior center leaders.
 - c. Work in consultation with representatives from the 5 Area Agencies on Aging and other agencies.
 - d. Develop an annual plan for the development of Senior Centers and municipal aging services to include training needs and the coordination of existing resources.
 - e. Explore standards for the delivery of core services. Such standards should establish parity across municipalities while allowing for flexibility of service delivery. They should:
 - i. Take into consideration the diversity of capacity among municipal services and allow for the flexibility of local needs and resources.
 - ii. Be developed in consultation with professionals working in municipal aging services as represented by the Connecticut Association of Senior Center Personnel (CASCP), Connecticut Local Administrators of Social Services (CLASS) and Connecticut Association of Municipal Agents for Elderly (CAMAEL)
 - iii. Align with the standards established by the National Council on Aging-National Institute of Senior Centers.
 - iv. Align with the “focal point” definition in development by the State Unit on Aging and Connecticut’s not for profit Area Agencies on Aging.
 - f. Strengthen the connection between Senior Centers/municipal aging services to Executive Branch Departments including Department of Social Services,

Department of Public Health, Department of Transportation, Department of Housing, Department of Mental Health and Addiction Services, and agencies and initiatives that impact older adults in the community.

- g. Develop and provide access to 'best practice' policies, procedures and practices for Senior Centers/municipal aging services.
- h. Make recommendations to the Connecticut General Assembly.

Activities and Deliberations of the Aging in Place Task Force

The task force met 11 times between May 2017 and February 2018. The task force invited experts to present at various task force meetings to speak on areas under study. Invited speakers and guests included:

- David P. Stevens, Executive Director, Massachusetts Association of Councils on Aging
- Saundra Leubner, Municipal Agent and Senior Center Director Liaison, State Department on Aging/Department of Rehabilitation Services
- Dr. Manoj Pardasani, PhD, LCSW, ACSW, Senior Associate Dean, Associate Dean for Academic Affairs, Research Scholar, Ravazzin Center on Aging, Graduate School of Social Service, Fordham University
- Camilla (Jones) Hillian, LCSW, Director, Bloomfield Social and Youth Services representing Connecticut Local Administrators of Social Services (CLASS)
- Judy Jencks, Director of Advocacy, representing Connecticut Association of Municipal Agents for the Elderly (CAMAEL)
- Richard Liegl, Director, Meriden Senior Center representing Connecticut Association of Senior Center Personnel
- Paul Ford, Department of Social Services, Money Follows the Person
- Maureen McIntyre, CEO, North Central Area Agency on Aging representing Connecticut Association of Area Agencies on Aging (C4A)
- Sherry Ostrout, Director of Government Initiatives, Connecticut Community Care representing Connecticut Healthy Living Collective and AgeWell CT
- Kate Quigley, Lead Resource Specialist Project Manager, United Way of CT, 211
- Dr. Andrea June, Associate Professor, Department of Psychological Science, CCSU
- Dianne Stone, Director, Newington Senior and Disabled Center

The following are meeting highlights:

On May 10, 2017 the Task Force held an organizational meeting that included an overview of the scope of the task force and identified the process of the task force. Co-Chair Dianne Stone gave a presentation that included the demographic and cultural context of Senior Centers today, the history of Senior Centers and an overview of what Senior Centers today are doing. See [Presentation- Dianne Stone](#)

On May 18, 2017 the meeting featured a presentation and discussion with David Stevens, the Executive Director of the Massachusetts Association of Councils on Aging (MCOA). Mr. Stevens provided an overview of the aging network in MA and where and how Senior Centers fit. MA General Law permits each municipality to establish, by ordinance, a ‘council on aging’ to coordinate and carry our programs in coordination with the state department of elder affairs. Most of the councils on aging operate a senior center. Approximately 50 of the 350

CoA's are volunteer based. MA has established core services that are expected of each CoA, whether they host them on site, bring in a provider or refer to an outside provider. At a minimum, they are expected to provide information and referral services. (See [MA Councils on Aging](#) for more information.) MCOA is the statewide association for municipal aging services and, over its 40-year history, has grown into a robust organization with six staff including project directors who have secured funding and coordinated efforts to bring programs like the Aging Mastery Program to scale, and staff with experience in senior center operations who can go in the field and provide technical assistance. MCOA is a membership organization. Their [Mission Statement](#) is available here. The State of Massachusetts provides a per elder formula grant to each municipality. MCOA, the lead lobbyist for the formula grant, receives 2% of the grant from each community as dues. Training is a large component of MCOA's service. They provide approximately 350 hours of training to members per year including a large fall conference (open to CASC members) and four membership meetings per year. They provide core training on topics that are important to all including protective services, regulations, housing, SNAP, workplace safety etc. as well as specialized training. They also provide training to specific workgroups so that they are training staff other than Directors including social workers, Boards, "Friends" etc. The MCOA created a Director and Program Coordinator Certification program that is portfolio based. That program is currently on hold as MCOA is collaborating with the National Council on Aging (NCOA) on a new process that will be aligned with NCOA's Accreditation program. The MCOA has a comprehensive Annual Report available here [MCOA Annual Report](#).

The aging network in Massachusetts is slightly different than CT. One of the notable differences from Mr. Steven's presentation is in the relationship between AAA's and MCOA in that AAA's can be grantees of MCOA. This is not the experience in Connecticut and is a testament to the strength of MCOA. Mr. Stevens discussed the challenges for both AAA's and Senior Centers and suggested that we need to forget the history and move on, identify what each do best and learn how to work together.

MCOA is nationally known for their comprehensive and excellent support of Senior Centers. There has been frequent suggestion of modeling Connecticut's network after Massachusetts, but the lack of state funding seems to be a barrier. Mr. Stevens suggested that we start small and focus on building partnerships.

At the [June 12, 2017](#) meeting the task force reviewed the established work plan. Sandra Leubner, the State Department on Aging's liaison to municipal agents and Senior Centers, gave a presentation. It is available [here](#). Ms. Leubner described her role, estimated to be approximately 50% of her time, as a link between the State Department on Aging and Senior Centers/Municipal aging services and includes providing up to date information, working with CASC to identify best practices and facilitating peer to peer support and representing Senior Centers in the [State Plan on Aging](#). Goals specific to Senior Centers are identified on page 19. She also maintains a list of Senior Centers and municipal agents in Connecticut. This is not a

requirement and the list is challenging to maintain. There are currently 168 Senior Centers in Connecticut with the note that, since Senior Centers are self-defined, these could be small clubs or large agencies. This does not imply that all but one community has a center since at least 14 of these formally serve more than one Town and some of the larger cities have more than one senior center. Ms. Leubner also provided an overview of the National Council on Aging – National Institute of Senior Centers Accreditation Program. NISC Accreditation is the gold standard for senior center standards. There are currently 9 centers in Connecticut that have gone through the process. The benefits to a center included an improved infrastructure and capacity, the development of policies and a strategic plan. There was a discussion about the need for technical assistance for Senior Centers with the example of Representative Rovero’s question about where people in his district who wanted to start a senior center could get information. The State Unit on Aging does not have that expertise but Ms. Leubner brought senior center thought leaders together and that lead to referrals to architects and consultants and to peer support. Ms. Leubner has made it a point to get to know Centers and leaders so that she can facilitate support. The body of expertise about Senior Centers does not exist at the State Unit on Aging or at AAA’s but they can help to connect the network of peer support. There was discussion about the weekly email that Ms. Leubner sends out each Friday. It is a list of resources, information, events, etc. that she collects and curates and goes to approximately 600 email addresses including Senior Centers, municipal agents, resident services coordinators and municipal social workers. This simple communication has high value and demonstrates the critical role that the State Unit on Aging can have.

NOTE: At the time of Ms. Leubner’s presentation, the State Department on Aging (SDA) was the State Unit on Aging. The Connecticut General Assembly dissolved that agency and the State Unit on Aging is currently housed in the Department of Rehabilitation Services. Also, because of staffing issues, Ms. Leubner’s assumed increased responsibilities and now estimates that the liaison role is 20% of her time.

The June 26, 2017 meeting featured a presentation by Dr. Manoj Pardasani from Fordham University. Dr. Pardasani is a national expert in Senior Centers, has curated the most exhaustive list of senior center research and has conducted significant research into the impact of participation in Senior Centers. Dr. Pardasani provided demographics of our aging population with 570,000 of CT residents over the age of 65, 20% of our population will be 65+ by 2020, the 65+ population will grow by 60% by 2040, Connecticut has the 3rd highest life expectancy. Dr. Pardasani presented an overview of the evolution of Senior Centers from groups of retirees advocating for better benefits in Menlo Park, CA in the 1920’s that became social clubs. With the ‘greying of America’ in the 1960’s, the Older Americans Act (OAA) was established and created a system with the goal of helping people to age in the community by providing services locally that would prevent institutionalization. This gave rise to the social service model of Senior Centers. Multi-purpose Senior Centers were the first home and community based services. The strength of the OAA is that it was not prescriptive. It encourages local planning which provides flexibility but also leads to a diverse range and quality of services. The lack of common standards is a barrier to development.

At their height in the 80's there were 16,000 publicly funded Senior Centers in the nation. That number started to decline in the 90's and currently there are 10-11,000. Approximately 15% of the older adult population attends Senior Centers. The average age is 75, women are more likely to participate as are people who live alone. As people age with health and independence in the community, there has been an increase interest in health and education programs. Senior Centers continue to evolve in this direction. There is some strength in not defining Senior Centers exactly. Identify categories but not specific programs so that centers can adapt to the needs of their community. Centers should do more to increase their impact. They can do this by partnering with other organizations.

The task force also reviewed questions for a survey to go to all Senior Centers.

The July 26, 2017 meeting featured a discussion with the leadership of the Connecticut Local Administrators of Social Services ([CLASS](#)), Connecticut Association of Senior Center Personnel ([CASCP](#)) and the Connecticut Association of Municipal Agents for the Elderly ([CMAAE](#)). These are the statewide membership organizations aligned with the work of Senior Centers/municipal aging services. All three are operated by volunteer boards and have training core to their mission. According to Camilla Hillian of CLASS, they have 66 towns (approximately 75 people) as members and charge an annual fee of \$80 per town with \$40 for each additional member. They provide monthly training with approximately \$30 people attending. They serve all ages so not all training is relevant to senior center/municipal aging services. They no longer have an annual conference because the numbers dwindled. Rick Liegl, the current President of CASCP, provided an overview of the training activities that they provide which include an annual conference attended by approximately 100 people, round tables that encourage peer learning and workshops throughout the year that are attended by 10-25 people. The current membership is 120 with annual dues of \$50. Judy Jencks, representing CMAAE, provided an overview of that association including their current membership of 45, dues of \$50 and two trainings per year that are included with membership. All three organizations shared the biggest challenge as staff having no time to plan or attend training and the diversity of training needs. It is difficult to get people to volunteer because it adds an extra layer on top of their existing responsibilities. Travel was an issue. They have tried geographic subgroups with limited success. CLASS has attempted to provide webinars, going so far as to purchase equipment to make it possible but had limited success. CASCP identified that they have had a great deal of success with an email listserv.

Paul Ford from the Department of Social Services gave a presentation about the Money Follows the Person's No Wrong Door initiative. This presentation, along with a few of the future presentations, are illustrative of the innovative initiatives that can engage Senior Centers/municipal aging services and can help identify where our systems should be moving. Mr. Ford provided an overview of [MyPlaceCT](#), an online portal that provides access to long term services and supports and their efforts to establish partner networks in each town. Currently there are three municipalities engaged in the partner network initiative.

Municipalities were invited to participate through an RFP process that had limited response. The initiative has established online training in collaboration with Infoline. The partner process including the training is available to all.

At the August 30, 2017 meeting, task force member Maureen McIntyre, Executive Director of the North Central Area Agency on Aging, provided a presentation about [Connecticut's Area Agencies on Aging](#). It included an overview of the 'aging services network' as defined by the Older Americans Act (OAA). While the actual network is much larger, the OAA defined network prescribes the funding mechanism. The State Unit on Aging receives OAA funds and allocates funding based on federal and state priorities primarily to the Area Agencies on Aging. The AAA's in turn allocate funding based on federal and state priorities and the regional Area Plans. Some federal priority categories include: Access Services (including transportation), In-Home Services, and Legal services. Examples of state-level priorities include Senior Center Based Programs, Behavioral Health Programs, and Oral Health Programs. AAA's fund a wide array of grantees from Elderly Nutrition Providers and local health departments to chore programs and adult day care. One funding category, Disease Prevention and Health Promotion a.k.a. "Title IIID" carries a requirement that programs be "evidence-based" in order to qualify for funding and so the AAA's are constantly on the lookout for programs that meet the evidence based program standards. The AAA's also coordinate regional programs including but not limited to the CHOICES program and the Statewide Respite Program. While each AAA is a distinct and separate not for profit organization, they all provide some support to Senior Centers. In order to identify ways in which the AAAs could potentially enhance this support, i.e.: offering training and education, a survey of the five AAAs was completed. The OAA defines Focal Points as facilities designed to promote maximum collocation and coordination of services for older adults. The AAA's are responsible for designating focal points and are developing shared standards for that process.

NOTE: As a follow up to the discussion about the AAA's work with Focal Points, each AAA was asked to respond to a brief questionnaire about their experience with Focal Points. Their responses, collected via SurveyMonkey, can be found [here](#).

Also at that meeting, Sherry Ostrout, Director of Government Initiatives, Connecticut Community Care, provided a presentation about the [Connecticut Health Living Collective](#). The Collective was established to bring evidence based programs to Connecticut in a way that is accessible to all and sustainable. This 'hub and network' model provides a centralized schedule, centralized communications, one brand that is recognizable, data analytics that aggregate results and demonstrate impact. Ms. Ostrout explained that we cannot, as single agencies, negotiate with funders but that we can all benefit as part of a network. Senior Centers are already engaged as host and delivery sites for evidence based programs and are important partners. Ms. Ostrout explained the role of her organization as in providing 'backbone support' to the collective. This was described as maintaining overall strategic coherence and coordinating and managing the day-to-day operations and implementation of

work, including stakeholder engagement, communications, data collection and analysis, and other responsibilities. Ms. Ostrout also provided an overview of [AgeWellCT](#).

The [November 14, 2017](#) meeting featured a presentation by Kate Quigley, Lead Resource Specialist/Project Manager from United Way's 2-1-1 program. Ms. Quigley provided information about the services available through 2-1-1 as well as a demonstration of its capabilities. This included a demonstration of the 211 Navigator, an interactive benefits screening survey. She also demonstrated [211 Counts](#), a searchable data analytics feature that can provide a real-time snapshot of community needs in a simple to use and simple to interpret system. 211 provides training for community organizations both in person (and has recently presented workshops to CASC) and online. There was a discussion about the training and certification that staff of 211 undergo. AIRS Certification is the national standard for information and resource specialists. Some state staff, including liaison Sandra Leubner, have completed that training.

Also presenting at that meeting was Dr. Andrea June, Assistant Professor of Psychology at CCSU. CCSU recently became the first school in Connecticut to join the [Age Friendly University Global Network](#) and has implemented a Gerontology Graduate Certificate program in addition to its undergraduate gerontology minor. Dr. June responded to the core competencies that students of gerontology are expected to learn. This includes biopsychosocial models of aging, psychology and sociology of aging, broad perspectives and policy. This theoretical knowledge of aging and the aging process is not something typically offered to senior center/municipal aging professionals. Dr. June also talked about connecting with universities and the work that CCSU has done in the local area.

At the [December 5, 2017](#) meeting the Task Force reviewed the progress of the survey that was sent to all Senior Centers on the state's list. Task force members agreed to reach out to colleagues to encourage responses to the survey. The task force also discussed the progress of the work plan.

At the [January 23, 2017](#) meeting the task force reviewed the results of the Senior Center Survey. The survey report is attached. The task force also discussed preliminary thoughts regarding recommendations.

At the [January 30, 2018](#) meeting the task force reviewed the draft report of the task force including recommendations. The report was approved by the task force members on February 6, 2018

Other Reports, Plans and Literature Reviewed

Statutory Language

- [Connecticut Municipal Agent for the Elderly statute](#)
- [Excerpt from the Older Americans Act regarding Focal Points](#)
- [Office of Legislative Research Report regarding other states' laws](#)
- [CT Youth Service Bureaus Law and Regulations](#)

Information about Senior Centers

- [NCOA Senior Center Fact Sheet](#)
- [MySeniorCenter Facts about CT Senior Centers](#)
- [Profile of Senior Centers in Connecticut - 2011](#)

CT Council on Philanthropy

- [Our Aging State – What CT Funders Need to Know](#)
- [Creating Communities for a Lifetime](#)